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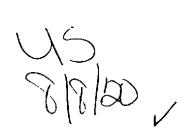




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#### **COVER LETTER**

Name of Limited Liability Company  losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, i.e., and check are submitted to register the above referenced foreign limited liability company to transact business and check are submitted to register the above referenced foreign limited liability company to transact business and check are submitted to register the above referenced foreign limited liability company to transact business.    Joel S Langsfeld	Name of Limited Liability Company  plication by Foreign Limited Liability Company for Authorization to Transact Business in Florida, eck are submitted to register the above referenced foreign limited liability company to transact busin prespondence concerning this matter to the following:  Joel S Langsfeld  Name of Person  ACLFT FL LLC  Firm/Company  4200 Northside Parkway, NW, Building Two, Suite 200  Address  Atlanta, GA 30327  City/State and Zip Code  @mdega.com  E-mail address: (to be used for future annual report notification)  ation concerning this matter, please call:  ngsfeld  Name of Contact Person  Area Code  Daytime Telephone Number  Area Code  Daytime Telephone Number  Address:  Street Address:  ton Section  Registration Section  Poivision of Corporations  A 6327  The Centre of Tallahassee  2415 N. Monroe Street, Suite 810  Tallahassee, FL 32303  is a check for the following amount: ke check payable to: FLORIDA DEPARTMENT OF STATE	ACLFT FL LLC		
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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA-ACLFT FL LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC.") ACLFT FL LLC (GA) (If name unavailable, exter shermste name adopted for the purpose of transacting business in Florids. The shermste name must include "Limited Liability Company," "L.L.C." or "L.L.C." Georgia 58-6405833 (Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable) Upon registration in Florida (Dute first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 4200 Northside Parkway, NW 4200 Northside Parkway, NW (Street Address of Principal Office) Building Two, Suite 200 Building Two, Suite 200 Atlanta, GA 30327 Atlanta, GA 30327 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) C T Corporation System Name: 1200 South Pine Island Road Office Address: Plantation 33324 . Florida (Crty)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Brenno Statter W. Secretary (Régistered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: \_\_\_\_ Standard Investments, Inc. Manager ■Manager 4200 Northside Parkway, NW 4200 Northside Parkway, NW Address: **■**Member □Member Address: \_ Building Two, Suite 200 Building Two, Suite 200 ☐ Authorized □ Authorized Atlanta, GA 30327 Atlanta, GA 30327 Person Person Other \_\_\_\_ □Other\_\_\_\_ □Other\_\_\_\_ \_ \_ Other \_\_\_\_\_ Name: \_\_\_\_\_\_ □Manager □Manager 4200 Northside Parkway, NW Address: □Member Address: □Member Building Two, Suite 200 □ Authorized **■** Authorized Atlanta, GA 30327 Person Person □Other\_\_\_\_ □Other\_\_\_\_\_ □Other\_\_\_\_\_ Other\_\_\_\_\_ Name: \_\_\_\_\_ □Manager Name: \_\_\_\_\_\_ □Manager Address: \_\_\_\_\_\_\_ □Member Address: \_\_\_\_\_\_ □Member ☐ Authorized ☐ Authorized Person Person □Other\_\_\_\_ ☐Other\_\_\_\_\_ ☐ Other\_\_\_\_\_ Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605,0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of an authorized person

Joel S. Langsfeld, Authorized Representative

Typed or printed name of signee

Control Number: 20119013

# STATE OF GEORGIA

### Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### **ACLFT FL LLC**

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 19291820
Date Inc/Auth/Filed: 07/22/2020
Jurisdiction : Georgia
Print Date : 07/27/2020

Form Number : 211



Bed Raffungager

Brad Raffensperger Secretary of State